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EDITORIAL

EXAGGERATIONS AND REHABILITATIONS.

Under the above title Dr. Bouquet, of the *Monde Médical,* calls attention to what he terms the present day abuse of intravenous injections, used often as if they were the only means of obtaining an efficient therapeusis. Anything is injected in the veins, in any sort of case, in anybody; and upon reading the current literature one is tempted to wonder how patients could ever have been treated, and especially cured, in the days previous to the introduction of this innovation.

No one would think of denying that intravenous injections are a precious acquisition, but they should be reserved for such cases as require either specially rapid effect or massive action. They are indicated, for instance, to administer artificial serum in cases of cholera or other forms of collapse; also to arrest an early syphilis or to exhibit a remedy not tolerated by the stomach or hypodermically.

But why resort to them for giving salicylate of soda or bromides, as has already been proposed? They are not free from objections nor even from danger. They certainly are at times at least disproportionate in extent with the object in view. They frequently produce violent reactions; cases of embolism have resulted. The vein is sometimes missed, with more or less disastrous results, even by some who can be called neither ignorant nor awkward; and when the vein is reached all right, it does not follow that it may not be damaged or destroyed by the substance injected.

Besides it is known that greater rapidity of absorption also usually means quicker elimination, which frequently is not desirable. Further, it has been shown too that some remedies actually are more efficacious if introduced in the digestive tube.

Common sense should prevail in this matter as in all others. Use intravenous medication when clearly or urgently indicated, but be satisfied with simpler methods for more ordinary occasions.

Every discovery in the medical sciences is followed by the summary execution of some truths of yesterday which have become errors of today. The enthusiasm for alkaloids has abated somewhat in the light of an increased knowledge of the more complex virtues included in the whole plant. The pendulum will swing. What is proscribed in the name of one theory is rehabilitated on the authority of another. Mr. Violle, in the *Presse Médicale,* calls attention to this in a very interesting article upon an obscure question, that of vitamines. In their name justice is rendered to fresh and natural products for alimentation to the detriment of the sterilized and ultra pure preparations which have been so highly praised up to now. Fresh fruit and vegetables will thereby be brought back on our own tables crowded with a halo of new virtues. Even good old-fashioned broth will be restored to favor in the name of vitamines. Exploded the idea that when you boiled a fine piece of beef in pure water you obtained on one hand a piece of meat without nutritive properties and on the other a liquid made toxic by the purins it contained. We can once more enjoy a real soup with scientific satisfaction.

In the light of facts (which after all is said still have some value) and with the exercise of some judgment, we should be able to avoid these perpetual variations which do not increase our prestige and seem to be based on the search for novelty at any price.

ORIGINAL ARTICLES

(No paper published or to be published in any other medical journal will be accepted for this department. All papers must be in the hands of the Editors on the tenth day of the month preceding that in which they are expected to appear. Reprints may be had at reasonable rates if a WRITTEN order for the same accompany the paper.)

IS IT SCIENTIFIC TO GIVE VACCINES ON A CLINICAL DIAGNOSIS?

By G. H. SHERMAN, M. D., Detroit, Mich.

Vaccine therapy rests on the principle of hastening immunization during the course of an infection. That inoculation of killed organisms corresponding to the ones causing the infection accomplish this is no longer seriously questioned. The question is: Can a diagnosis be made from clinical indications that is sufficiently accurate for vaccine administration. Different pathogenic organisms often cause pathological conditions that are very similar and, furthermore, more frequently several different varieties of germs are prominent factors in the infective process. To institute treatment that is directed towards definite infecting organisms without first ascertaining what variety of organisms are present by bacterial examination, does seem out of place, but to proceed scientifically it is necessary to apply all available knowledge to the best advantage.

A most important factor in vaccine therapy is early administration. Friedlander says: "It is a rule of all vaccine therapy that its success is in direct proportion to the time of its administration. The earlier the vaccine can be given in any infection, the better the results following its use." In virulent acute infections like pneumonia, puerperal sepsis, erysipelas, infected wounds, even a half day's delay in giving vaccines often mitigates towards prolonging the disease and sometimes may be the direct cause of a fatal termination. Under such circumstances, delay in treatment, for the sake of making a bacterial diagnosis can certainly not be of scientific interest to the patient. The principal infecting organisms in most infectious diseases are known. In pneumonia we have principally the pneumococcus to deal with, while the streptococcus

is the most likely complicating factor. Then why not give a combined pneumococcus, streptococcus vaccine at once? It does not make our scientific knowledge any better to know that the pneumococcus is causing the trouble in the particular case under treatment than to know that this is practically always the dangerous invader in this disease. In puerperal sepsis, we are presented with practically the same condition. Here the streptococcus is the dangerous infector. It is true that other less virulent infecting organisms may cause a rise of temperature in the puerperal state, but is it scientific to withhold efficient specific treatment until the presence of a streptococcus is definitely established while such delay may do irreparable damage to the patient? The giving of a therapeutic dose of streptococcus vaccine in such a case is of inestimable value in checking the development if a streptococcus infection exist. The fact that other infecting organisms are commonly present in such cases argues in favor of using a mixed vaccine, at least until bacterial examinations have demonstrated that not all the organisms represented in the vaccine are present in the infection.

In infected wounds clinical indications are usually very clear as to whether a streptococcus invasion is present. Where the inflammation has a tendency to spread rapidly, leaving red lymphathic streaks, streptococci are present. In these cases staphylococci are so frequently complicating factors that a combined strepto-staphylo vaccine is indicated and should be used. In accidental wounds, the possibility of tetanus infection should always be kept in mind and taken care of with a prophylactic dose of antitetanic serum.

The clinical symptoms of erysipelas are sufficiently distinctive that vaccine therapy may be successfully applied without a bacterial diagnosis.

Where we have infections of deep-seated organs, our general knowledge as to the usual infecting organisms in such cases makes the application of a corresponding vaccine a most rational procedure. Here it is evidently more scientific to institute efficient bacterin treatment and cure the patient, than to follow out the expectant plan until a positive bacterial diagnosis can be made, after operative interference has become necessary.

Infections of the respiratory tract are very amenable to vaccine therapy and are so prevalent that every practitioner meets with them daily. Here mixed infections are common with the pneumococcus

and streptococcus (outside of diphtheria infections) as the most constant dangerous invaders. The recognition of this fact constitutes scientific knowledge and a correspondingly combined vaccine may accordingly be consistently given on a clinical diagnosis. In these cases cultures from inflamed mucous membrane or sputum may be readily procured and naturally where facilities are at hand the clinical diagnosis should be verified by cultureal and microscopic examination.

No one would consider it unscientific to give diphtheria antitoxin where clinical symptoms would indicate a probable diphtheria. Why? Because experience shows that there is greater danger in postponing treatment while waiting for a positive bacterial diagnosis than the possible danger of giving the serum where it is not needed, although some fatal anaphylactic shocks have followed its use.

If there were even a similar danger from the use of vaccine there would be some excuse for objecting to vaccine inoculations on a clinical diagnosis, but anaphylactic shocks or other reactions of serious nature never follow their use. This is equally true of mixed vaccines. There is no evidence that any harm has ever come where the vaccine used contained a larger variety of organisms than were present in the infection, nor were the therapeutic results less pronounced on account of the larger variety of organisms present. Scientific methods for doing things simply consist in utilizing all the available knowledge to the best advantage. Practical experience teaches that vaccines can, in acute infections, be given most effectively on a clinical diagnosis because their early administration in these cases is of the greatest importance.

THE OPERATIVE CURE OF PRURITUS ANI AND VULVÆ.

By CARROLL W. ALLEN, M. D., New Orleans.

I wish to present an operation for the relief of Pruritus Ani and Vulvæ, that distressing, tantalizing and torturing condition for which the remedies suggested have been legion and the results usually negative.

Within the last few years some encouragement has been found in the investigations of Murray, Hirschman, Ward and others who have been able to incriminate the streptococcus fecalis as a causative

factor. My own investigations in this field having preceded the published reports of these gentlemen and having yielded prompt, complete and permanent relief by a comparatively simple operative procedure, I have had no occasion to resort to other methods; I am however, inclined to believe that they are correct in their conclusions for the following reasons:

Reflexes play but a minor role, if any, in the production of this condition; most often there is no other recognizable pathology, and hemorrhoids, ulcers, fissures, fistulæ, lacerations of cervix and perineum, etc., when relieved usually fail to benefit the condition. If a reflex, it should be limited to the distribution of some nerve and not to an anatomic area.

I have located and injected the pudic nerve and divided the inferior pudendal nerve without any apparent relief. Among the other measures which I attempted were alcohol and quinin injections which proved disappointing.

The proposed operation has in view the separation of the skin from the underlying tissue thus dividing all nerves which reach the affected parts, rendering them anesthetic, and preventing the skin from immediately healing to the underlying tissues by packing, which is kept up until a firm bed of granulation has formed, which usually requires about one week, when the packing is discontinued and the skin allowed to fall back in place where it soon is again firmly united, leaving an anesthetic area which nearly equals the extent of the undermined area. This anesthetic area is not complained of but is usually a quite welcome change. It gradually diminishes in size with the return of normal sensation after a few months and has in my experience not been followed by a return of the pruritus.

The operation upon the anal region is the simpler. The area involved must first be accurately determined; it is usually quite symmetrical and uniform on both sides. A series of incisions are now made beginning at the anal margin and continued outward to about one-half inch beyond the affected area, which rarely exceeds two inches. A series of these incisions are made about one inch apart at their peripheral extremities until the entire perineal region has been covered.

These skin strips are now dissected up, preferably with a scalpel, except at their two ends which are left attached. In separating the skin from the subcutaneous tissues but a small margin of tissue

is left attached to its under surface to insure a sufficient circulation to prevent sloughing. As the pruritic area rarely involves the mucous surfaces the incisions need not invade them, and in a few cases where the vaginal mucosa seemed to have been involved it cleared up with the relief of the external parts. The operation upon the vaginal outlet is performed in the same general way as upon the anal region and should need no special description. After dissecting up the skin flaps the space beneath is packed with iodoform gauze. Frequent Sitz baths with a liberal supply of soap has always been insisted upon as an after treatment. They keep the parts cleansed and are more effective and comfortable than irrigations. The packs may occasionally need changing but often remain the full time, about one week. After the packs are removed the parts quickly unite. The total disability is about two weeks.

In considering this operation in the light of the recent bacteriological investigations of the streptococcus fecalis it is possible that the iodoform plays an antiseptic role here, or, more likely the soap which has been proven a quite active germicide and in the exposed condition of the tissues may eradicate the infection if such is the cause, or, should we take the other view that the prolonged anesthesia of the parts effectively breaks the itching and scratching habit; the fact is that the cases get well and as far is I have been able to follow them remain well.

THE ROLE OF THE PHYSICIAN IN PHYSICAL EDUCATION.

By C. M. MENVILLE, M. D., Health Officer, Houma, La.

Among the different branches of Social Hygiene, physical education holds without doubt the most important place.

In order to rear our children to be strong, resistant and energetic, we must develop them from their tender age along different lines at our command. These means are numerous, but it is necessary to mention the principal ones only: gymnasium, sport, dancing, games, walking, running, swimming, horse-riding, rowing, singing and deep breathing, of course calisthenics comprise some of these movements; in a word all acts of our human life, where movement forms the base of exercises. "Movement," alone, if rationally applied is able to create in our organism, strength, will power and force of character; it gives agility and ability to all persons who make a constant conservative use of it. "Movement is Life," is a

justified maxim. But, if movement is necessary to create a healthy soul in a healthy body, "Mens sana in corpore sano," the excess of exercise can also be detrimental.

Fatigue brought by a consequence of irrational acts, brings about as grave consequence as would too much brain work. It is then essential to select proper exercises and to dish them out according to the constitution and the age of each individual; one must learn to avoid giving to a sickly or pathological child, the fatigue occasioned by violent exercises. Still a majority of our pedagogues and gymnastic directors, seem to have quite the opposite view of the above; many of them think that physical exercise has a tending to rest the mind. This misplaced opinion has been so generally accepted that even today in some schools, teachers will prescribe gymnasium or some intensified sport to rest the child who has been fatigued by his studies.

The physiologists have nevertheless, in repeated instances, demonstrated that all muscular activities are transmitted through centre pedal channels (as do sensorial impressions) to the nerve centers and finally end by giving fatigue similar to that produced by intellectual work. We therefore can see that if the child is already overworked mentally and is given bodily exercise as a rest, he will eventually be killed as readily as if he were given daily doses of a slow but deadly poison. Is it not a known fact that muscular lassitude lowers mental activity? It is then of prime importance to know how and when to utilize with profit each of these recreative exercises. One must be able to select the kind of play and the best time suited for the physical development of each separate individual. The natural deduction brings us to this: If we wish to obtain the best results from physical education, we should place it under the supervision of one who is best adapted by training and education to handle it, and that is the Physician who has or should have the art to heal the sick and also that of prolonging good health to those who are disposed to keep well. He, alone, should be qualified to make a justifiable application of recreative sport of any kind. Some may need one kind at a certain time, others may need other kinds at other times and some may need complete rest for some time.. It is to him therefore that the direction of such exercises should be confided and not to the empirics or non-qualified who have no knowledge of the physiological modifications of childhood, of youth and even of adults.

Physical directors are no doubt fine dispensators of physical recreation, but they should act like the druggist; they should simply fill the prescription of the physician for each and every case under their care. Who is or should be the best judge of the different systems of our organism and of its educating action on psychomotor centers of individuals but the physician who understands the makeup of our frame and comprehends the working of that frame either in health or in sickness? To him devolves the responsibility of knowing the bodily action in general and applying such physical treatment to keep nature where it is weak or wanting. Any indifference or ignorance on his part can spell nothing but sinful deficiency.

If there is any sphere where the physician should have a controlling voice, it is that of social hygiene in general and of physical education in particular, for it is impossible to conceive a healthy condition of the family without his domain. But he cannot do this alone. He needs the physical director, the engineer, the architect, the conductor, the workman, etc., in order to realize the hygienic condition of our lives. They all must contribute in the building up of the social arch, but the physician shall be the key-stone of that arch. He shall devise, prescribe and superintend the necessary outlines that go to make physical education; he must supervise the manifestations of growth, the vicious habits of childhood, the physio-pathological phenomena of puberty, the different phases of nervous debility. Oh! How wise his supervision in all these, for how much wrong can be wrought by the intempestive application of unwise exercises which may have not only grave but irreparable consequences. To his generalship then must we look for healthier, stronger, well balanced children, who are called to make a better generation.

TYPHOID FEVER.

(From the Bulletin de l'Académie de Médecine, Paris.)

By LODILLA AMBROSE, Ph. M., New Orleans.

Minet[1] during six months in a typhoid hospital installed just behind the lines observed a certain number of pulmonary localizations, some were caused by common microbes, others by the different varieties of paratyphoid bacilli. He found the latter in seven cases. Clinically, he observed simple bronchitis, acute pulmonary congestion, chronic pulmonary congestion, congestion of the

apex simulating tuberculosis. The bacteriologic tests included direct examination of the fresh sputa and of stained specimens, and culture (technic for isolating paratyphoid bacillus described).

Tarassévitch,[2] of Moscow, reported hostility to antityphoid vaccination before the war. The Société Pirogoff studied the question (December, 1914), but did not insist on compulsory vaccination. The general union of the Zemstvos (May, 1915), impressed by the good results obtained in France and England as well as in the armies of the enemy, decided that it was urgent to apply antityphoid vaccination not only to all the Russian army but also to a certain portion of the civilian population. After active propaganda it was made obligatory in the army. Several million soldiers at the front have been vaccinated, and up to February, 1916, more than 20,000 litres of vaccines had been used. April, 1914, the monovalent English vaccine was adopted; later the congress of bacteriologists convoked on the initiative of the union of Zemstvos decided to use only vaccines prepared by methods approaching those of the Pasteur Institute. All the vaccines are controlled, and the reactions of vaccines from the different sources are studied carefully. The French technic of injection is used. The general reaction is *nil* or feeble in 90 to 95 per cent. of the cases. The results are unquestionably favorable. Before vaccination typhoid and paratyphoid fevers constituted 50 per cent. of the infectious diseases. More than 500,000 soldiers have been vaccinated against cholera. Experiments are in progress with mixed vaccination for small-pox, cholera and typhoid, that is, on the same day. Near Moscow 25,000 men were so vaccinated, and moderate and strong reactions rarely exceeded 5 per cent. This triple vaccination is under consideration for the entire Russian army.

Pétrovich[3] reported on antityphoid bacteriotherapy on the basis of 2,270 cases so treated and 1,030 treated symptomatically; in the former group the mortality was 2.7 per cent. and that without cold baths, in the latter it was 12.8 per cen. Weak doses are favored, and in severe cases are diminished, not increased. With complications (nephritis, myocarditis) and insufficient elimination the vaccine may be used in reduced doses. Uncertain and unfavorable results reported in the journals are attributed to late treatment of much weakened patients. Two rules for this bacteriotherapy are laid down:

"1. To avoid every pronounced reaction, local or general.

"2. To base it on the progress in the improvement of the general condition of the patient, and especially on the lowering of the temperature, meanwhile giving attention to the functions of the liver, of the kidneys, of the skin, of the respiratory organs, and of the intestines, in such manner as to take account of the work of destruction and of elimination of toxins by these organs."

Trillat[4] has studied the mechanism of the propagation of typhoid by milk. Milk can be planted with typhoid directly by persons bearing the germs, or indirectly by water used to dilute milk or for washing milk utensils. Milk is second only to drinking water as a conveyor of this infection. It is an extraordinaryily favorable medium for the proliferation of the typhoid bacillus, and water apparently pure may contain bacilli enough to produce growth in milk. Experiments were made with sterilized milk and with milk invaded by other germs than typhoid. In the latter case if the typhoid planting was minute, the bacillus disappeared. The bactericidal effect of lactic acid increases with time. The explosive development of the typhoid bacillus takes place in germ-free milk. The rapidity of its growth varies with the character of the other germs in the milk. Humidity, barometric pressure and temperature affect this growth indirectly. Invasion of milk by the typhoid bacillus does not alter its appearance or taste. Cases of typhoid in the personnel of a dairy or in its vicinity necessitate redoubled surveillance.

Chantemesse[5] in collaboration with Grimberg presented a paper with charts and illustrations on intricated typhoid fevers. Full details are given regarding his technic for separating the different typhoid germs. In his conclusions Chantemesse says:

"1. Common typhoid fever is not always due to the pure and simple invasion of the bacillus of Eberth. Although this germ constitutes its most important and most serious cause, often there intervenes at the onset, or in the course of the evolution of the disease, a concomitant infection of the paratyphoids A and B. With the aid of an appropriate technic, the blood culture reveals the presence of several typhoid germs and the examination of the serum that of different specific agglutinins due to these germs and distinct from the group co-agglutinins.

"2. The comparison of the curve of the temperature of the patients and the curves of the specific agglutinins of their blood shows the influence exerted on the thermic evolution by the in-

vasion of new typhoid germs. With this secondary invasion may often be connected the thermic oscillations called reiterations, relapses, amphibolic stage, etc.

"3. The recovery from common typhoid fever ordinarily confers an anti-Eberthian immunity which is extended to one paratyphoid or to both. On the contrary, vaccination against solely the bacillus of Eberth does not entail so general an immunity. The reason of this fact is found probably in the plurispecificity of ordinary typhoid as opposed to the monospecificity of the anti-Eberthian vaccination.

"4. . . . . According to the facts which we report, it is seen that this method [mixed vaccination devised by Castellani in Ceylon ten years ago] is quite legitimate. Just as the human organism adapts itself to tolerating the triple infection of the typhoid germs, it tolerates the triple antityphoid vaccination.

"5. The blood culture practised in the course of typhoid fever giving positive results in only about half of the cases, the procedure of choice for the diagnosis of this disease is the search for and watching of the curve of the agglutinins *by the macroscopic and mensurative method with the aid of emulsions derived from the typhoid and paratyphoid bacilli.* This procedure is simple and sure.

"6. The presence in the blood of a patient of an agglutinin due to a previous typhoid fever, or to a previous preventive vaccination, offers no obstacle to the diagnosis by the use of this method, for the curve of such an agglutinin remains invariable, while the curve of the agglutinin of a disease in evolution undergoes the ordinary phases of ascent and of descent.

"7. When the diagnosis of a plurispecific typhoid infection is declared, the dilute vaccine used in the treatment of this disease ought to be mixed."

Étienne[6] treated in his services in 1914-15 about 200 typhoid patients, of this total 12 showed an abortive type of the disease. Of these 12, 8 had been treated very early by serum (obtained from Rodet), and 4 had been vaccinated. He submitted curves and statements to show a similarity in the evolution of the disease under these two conditions, and claimed from this similarity a proof of the analogous specific action of the two processes.

Chantemesse[7] referred to his earlier reports on optional vaccination against typhoid as introduced in the French navy, April,

1912, the results having been favorable. To the end of 1915 the heated vaccine prepared with the pure typhoid bacillus was used; since then it has been prepared with the bacilli of typhoid and paratyphoid A and B. The vaccine is injected in increasing doses in four weekly punctures, in such manner as to have the patient absorb five and a half milliards of dead bacilli. Vaccination became compulsory in the navy, March, 1915. Enough vaccine was provided to vaccinate about 125,000 men. He estimated that 80,000 were actually vaccinated, and 60,000 were not. From the records of the marine hospitals, August 1, 1914, to April 1, 1916, he produced statistics: Cases of typhoid and paratyphoid among non-vaccinated men, 525 with 77 deaths, a mortality of 14 per cent.; cases of typhoid and paratyphoid among men vaccinated either completely or incompletely, 136 with 10 deaths, a mortality of 7 per cent. Of these 10 deaths, 3 were cases of paratyphoid B, 2 were cases of typhoid supervening during the process of immunization, 4 were cases of typhoid supervening in persons incompletely vaccinated but with staphylococcus found in meninges. He claimed that the disadvantages and dangers resulting from this vaccination in the four-year period were practically *nil*.

The last half of his article consists of blank pages with the words, "Supprimé par la censure."

Daumézon[8] reported in detail observations which tended to show that the "typhoid agglutinins can irregularly pass into the cavity of the meninges in case of certain cerebro-spinal meningites due to the meningococcus of Weichselbaum."

See also Rodet, Antityphoid Serotherapy, this JOURNAL.

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2. Tarassévitch, L. A. Vaccinations antityphoïdiques dans l'armée russe. 3. s., ixxv, 579-582.
3. Pétrovitch. Recherches sur la bactériothérapie de la fièvre typhoïde; au cours de la campagne récente en Serbie. 3. s., lxxv, 725-727. *See also*
Pétrovitch. Quelques considérations sur la prophylaxie et le traitement spécifique de la fièvre typhoïde, à l'occasion d'une épidémie survenue au cours de la campagne actuelle de l'armée serbe. Bull. Acad. de méd., Paris, 1913, 3. s., ixix, 305-307.
Pétrovitch. Sur le traitement de la fièvre typhoïde par l'homosérothérapie dans l'armée serbe. Bull. Acad. de méd., Paris, 1915, lxxiv, 83-86.
4. Trillat, A. Nouvelles observations sur le mécanisme de la propagation de la fièvre typhoïde par le lait. 3, s., lxxv, 738-742.
5. Chantemesse, A., and Grimberg, A. Les fièvres typhoïdes intriquées. 3. s., lxxv, 744-758.
6. Étienne, G. Similitude d'évolution de la fièvre typhoïde sous l'action de la sérothérapie et de la vaccination. 3. s., lxxvi, 30-34.
7. Chantemesse, A. Résultats de la vaccination antityphoïdique dans la Marine francaise. 3. s., lxxvi, 140-144.
8. Daumézon, F. G. Transsudations des agglutinines typhiques dans le liquide céphalo-rachidien de l'homme. 3. s., lxxvi, 101-103. *See also* Daumézon, F. G. Sur la fiore typhique et paratyphique du liquide céphalo-rachidien. Bull. Acad. de méd., Paris, 1915, 3. s., lxxiv, 123-125.

CLINICAL REPORT.

FIVE HUNDRED APPENDECTOMIES.

By DR. ELLIOTT KIBLINGER and DR. ADA KIBLINGER, Marksville, La.

This report covers cases of appendicitis of the simple acute form to those with perforation and its complications, at the Kiblinger Sanitarium.

The essential points which we wish to bring out will be classed under the following headings.

1st. The order in which the symptoms occur.

2nd. Some rare complications which we encountered and which had an etiological significance.

3rd. Our method of handling normal and certain complicated cases.

4th. How our uncomplicated cases progressed.

In the careful study of these five hundred cases we found, with the exceptions noted, that the regular symptoms which always occur in appendicitis, namely: Pain, nausea and vomiting, tenderness and rigidity, fever and leukocytosis, invariably occur in the order here stated. This regular sequence of symptoms was first stressed by the late and lamented Dr. Murphy of Chicago. It is valuable in that it assists one in making a diagnosis, for as Dr. Murphy says, and which our own experience corroborates, if the symptoms occur in any other order the probabilities are that we are not dealing with appendicitis. The one exception which we encountered was in those cases where the intestinal tube was filled with ascarides lumbricoides. On account of the prevalence of this intestinal parasite in our section of country we, as a routine measure, kept this in mind. The toxemia produced by ascarides lumbricoides is so interesting that we have decided to reserve this data for a future report. The citing of one such case will serve as an example of what one may find upon examination and also what an exploratory incision shows. Case No. 470 female, age 13 years, was referred to the sanitarium by a confrere with a diagnosis of perforated appendicitis and general peritonitis. Temperature 105°, glassy eyes, pinched expression. Very marked distention of abdomen. Under ether we discovered two separate masses within the abdomen but the one under McBurney's point appeared to be more tender and evidenced more heat and redness. The entire surface

of the abdomen was tympanitic and swollen. After opening the abdomen we found a ruptured appendix in a walled off abscess in which was one worm. The other mass proved to be a bunch of worms occluding the entire lumen of the bowel and thus producing an obstruction. This condition was met by doing a colocolostomy. Now we wish to discuss the round worm and its toxins as an etiological factor in appendicitis. That this parasite secretes a toxin, its effect upon the system being manifested by abdominal pain, swelling, aenemia, and high fever (105-107) is beyond discussion. Dr. Elliott Kiblinger upon one occasion made the error of operating for appendicitis upon a case of ascarides lumbricoides in which the clinical picture of a perfect general peritonitis was present. In this case he was fortified by an agreement as to the diagnosis by consultants.

During the quiescent period when the patient is not suffering with any localized pain, we have found the following maneuver assists us in arriving at a diagnosis. If pressure be made over first the transverse colon then the ascending colon,—against the current,—any gas in the colon will by this means be forced into the cecum and cause pain.

Now we will take up our method of handling simple acute cases and also one or two complications. In simple acute appendicitis, thanks to an, I might say, uncanny sense of touch which the junior surgeon of our staff has perfected, we are enabled to remove an unruptured acutely inflamed appendix through an incision of not over one and one-half inches and to complete the operation in from seven to ten minutes. This is done dexterously and without trauma which assures us a rapid and easy convalescence marked by freedom of symptoms. In complicated cases where the appendix is bound down in a bed of adhesions, we save time and eliminate trauma by first amputating the appendix at its base and then freeing the organ to its tip. This method saves time, prevents trauma, and makes for simplicity. In all our simple acute cases our patients are allowed to sit up as soon as the bowels move which generally is within three days.

MISCELLANEOUS.

STATEMENT FROM THE AMERICAN SOCIETY FOR THE CONTROL OF CANCER.

By HARVEY R. GAYLORD, Buffalo, N. Y.

I am very glad to take this opportunity both in the name of the Institute for the Study of Malignant Disease, the State of New York and the American Society for the Control of Cancer which supported this purchase to make a statement on the purchase of two and a quarter grams of radium for which $225,000 was appropriated, as announced by Gov. Smith recently.

The experiment in state ownership of a therapeutic agent, as exemplified in the purchase of this radium for social utility will have a far reaching effect. This is a development of state medicine to which no one can object and Governor Smith deserves the thanks of the state for what he did.

Any citizen of the United States may avail himself gratuitously after October 15th of treatment with the two and one quarter grams valued at $225,000 recently purchased by New York State and the first gram of which was delivered by the Radio Chemical Corporation of New York last week. Preference, however, will be given to citizens of New York State.

The first gram is now in the vaults of the Institute at Buffalo and the appliances necessary for its use in the treatment of cancer are now in course of construction. The engagement of a competent physicist to work with this radium is also announced. The radium we are using is an American product, mined in Colorado, brought 2900 miles across the continent in the form of 125 tons of carnotite ore to the extraction plant at Orange, N. J., where it was reduced by fractional crystallization to its present state.

The first purchase of radium by any state, marks a step in the health activities of an American Commonwealth. Up to the present we have had no therapeutic agents, so expensive that they could not be afforded by the average practitioner. In the case of radium that condition arises. The unit for efficient use costs not less than $12,000 and represents 100 milligrams. A gram is worth $120,000. The greater the quantity in an installation the more efficient it is, and the less it costs per treatment. New York State has met this condition by purchasing an amount available for all its citizens.

The value of radium has already arrived at a stage where states, and if necessary the government, should make radium available for cancer treatment, gratuitously and beyond the realm of financial limitations. The advent of radium as a therapeutic measure is the most important forward step in the treatment of cancer.

It is not surprising that when radium first made its appearance over-optimistic claims for its use and hope of its utility should have occurred. But that time is now past. Radium has been made available in smaller and larger amounts to all the important centers of cancer research in this country, with the result that not alone has new knowledge of this agent been greatly advanced by the technique of its use as well as its limitations have been more definitely defined. The last six years have marked steady progress in its application, and means of more scientifically and more efficaciously employing it have been developed.

The State Institute as a result of carefully controlled scientific experiment in its hospital felt that the time had come when the State of New York should logically provide an adequate amount of radium for the Institute on the basis that its value is so definitely demonstrated that it should be made available without cost to the citizens of the State and that the opportunities for research should now be extended along practical lines. The State Institute has had since 1914 an amount of radium sufficient for scientific study. Private philanthropy has given the Memorial Hospital in New York City a large amount of radium for scientific investigation and practical application for the past four years. The Cancer Research Commission of Harvard University has also had an adequate working supply. The advances made in these and other quarters has steadily strengthened the confidence in the use of this agent and all of these centers are now seeking means to increase their supply.

The State of New York, which in 1898 took the lead by founding the first modern State cancer research institute in this country, should properly be made the first state to appropriate the necessary funds for the purchase of a sufficient amount of radium for the use of its citizens having available for this purpose a center of cancer knowledge and fully equipped scientific research laboratories where its use can be made immediately effective, and from which scientific progress can be confidently anticipated.

The usefulness of radium in the treatment of neoplasms is still

in its infancy, but there are already certain kinds of cancer in which its use offers advantages and the results obtained are an improvement upon any means we have heretofore possessed. It must, however, be remembered that our main reliance in the treatment of cancer is surgery but radium in combination with surgery, frequently greatly improves the prospective cure.

The scientific development of the last two years in the use of radium, largely through the work of Professor William Duane of Harvard University, made available a means of using radium which has immensely strengthened its usefulness. This method is the use of the emanation of radium in place of the application of radium itself. This method is only available when you have at least one gram.

Cancer today is one of the most important diseases in the United States. It increases 25 per cent every ten years. In the United States 90,000 deaths occur yearly from it, being of equal importance to tuberculosis. In New York State about 8000 deaths occur yearly.

The purchase of the radium has other signifiicance than merely its use for the treatment of cancer. It gives an opportunity for research and its use under scientific conditions is sure to increase our knowledge of cancer. While surgery still remains our main reliance in the fight against cancer we can only hope greatly to improve the results of surgery by bringing the patient to surgical treatment at the earliest possible moment. This can only be accomplished by the diffusion of knowledge among the laity of the first beginnings of cancer. It is with such work as this, that the Society for the Control of Cancer has particularly charged itself. It is felt by the Society that the advent of an alternative will overcome the reluctance of many cases to present themselves to their physicians. The Society represents 900 physicians and laymen and looks with great interest at the purchase and congratulates New York upon the step it has taken.

The purchase of this radium by an American Commonwealth from an American Company which has mined its ore in the State of Colorado, will bring still further to the fore the pre-eminence of America in the treatment of cancer. Buffalo will become a radium center. While Europe, through Madam Curie, first made the precious element known to the world, the United States has developed both the ore, its extraction and its use as a therapeutic

agent. It is today in the forefront of treatment of cancer. This purchase may have a tremendous effect upon further progress in this direction.

THE UNIVERSITY OF WARSAW RESEARCH LABORATORY.

Thanks to the American Red Cross, Warsaw has a new medical laboratory. It is the finest in Poland, and one of the most complete and up-to-date in the world. The equipment, which is new throughout, was transported across the Atlantic and half Europe, complete from the simplest phial to the largest and most expensive instruments, including a complete research microscope with a magnifying power as great as any in the world.

The unloading and unpacking of the large shipments of laboratory material was not accomplished without difficulty. At first refugees were employed, but they were found in many cases to be so physically weak from prolonged underfeeding that the Red Cross doctors themselves finally rolled up their sleeves and helped to unload the heavy freight.

No gift of the American people to suffering Poland is more valuable than this great hospital laboratory, which is the eighth laboratory opened by the Red Cross. In all these laboratories American chemical stains are used instead of the German chemicals with which it used to be thought that no other product could compete. American peptone is likewise used exclusively in fermentation processes, replacing the German, formerly the world standard. The services of these laboratories are greatly adding to the efficiency of the fight being made in Poland against the spread of typhus and cholera, both of which are still dangerously prevalent. The new laboratory, under the direction of Major Bruce Mohler, of Fremont, Ohio, is in charge of Dr. Placida Gardner, of Los Angeles, with Dr. Gladys Vaughan, of Wolfeville, N. S., as chief bacteriologist.

MUTUAL APPRECIATION.

Not long ago one of our confreres, having rendered some special service to a young lady, in due course of time sent her his bill.

He was surprised and still more gratified to receive, enclosed with a check in payment of his fee, the following:

Your bill for repairing my eyes
Seems most *microscopic* in size.
With charges like these,
Next winter you'll freeze
And the *rest of your life* Hooverize!

In due time, together with the receipt, the doctor, not to be outdone, returned this:

Of letters like yours there are few:
Growls and "kicks" are the doctor's just due.
For such notes as you write,
I would sit up all night
"Fixing" eyes till old chanticleer crew!

BULLETIN OF THE LOUISIANA STATE MEDICAL SOCIETY.

By P. T. TALBOT, M. D., Secy-Treas.

The Louisiana State Medical Society is now enjoying a membership of over eleven-hundred,—the highest since its organization, seventeen years ago. We are by no means satisfied by this showing, however, and trust that by the assistance of our Councilors and members we may be able to add many more desirable names to our rolls.

The Louisiana State Board of Medical Examiners reports a registration of approximately two-thousand and twenty-five Physicians and Surgeons in the State of Louisiana and it is our anticipation that many of these will signify their willingness to join the State organization before the termination of our Fiscal Year.

The American Medical Association, through its Council on Health and Public Instruction, recently requested the President of the Louisiana State Medical Society to appoint a committee on "Health Problems in Education", for our State, to co-operate with the State Board of Education. This committee has been appointed; the personnel is as follows:

Dr. A. A. Herold, Shreveport, La.
Dr. G. C. Antony, Alexandria, La.

Dr. A. L. Whitmire, New Orleans, La.
Dr. Hugh St. Martin, Houma, La.
Dr. S. L. White, Ruston, La.

The work to be assigned to this Committee is of great importance and I am sure great good will be accomplished through their endeavors in handling such propositions as may be confronted by them.

The Secretary-Treasurer has recently been notified of a proposed conference of the various State Secretaries to be held at the American Medical Association headquarters in Chicago, some time in the latter part of October or early in November. At this time various questions for the betterment of our State organization will be discussed. We are attempting to gather all the information possible which might improve our local and State organization. In order that your Secretary may be in a position to properly discuss such subjects at this conference, any suggestions or recommendations, pertaining thereto, will be greatly appreciated and valued.

At the last meeting of the Executive Committee of the Louisiana State Medical Society the President was empowered to appoint Fraternal Delegates to other State Medical Society meetings. Such appointments will be very shortly announced and we earnestly implore each appointee to attend, if possible, the respective State Meeting for which he is appointed. This is a very important function and will keep our State Organization in close touch with the progress of other State Medical Societies.

NEWS AND COMMENT

RECIPROCATING STATES.—The Louisiana State Board of Medical Examiners announces the following states with which Louisiana, reciprocates: Alabama, Arkansas, California, Colorado, Delaware, District of Columbia, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Pennsylvania, South Carolina, Texas, Utah, Vermont, Virginia, West Virginia Wisconsin and Wyoming. A total of 35 states.

CIVIL SERVICE EXAMINATIONS.—The United States Civil Service Commission announces open competitive examinations for the following positions: Training Officer; Training Assistant; Placement Officer; Placement Assistant; District Medical Officer; Assistant Medical Officer, Federal Board for Vocational Education, Rehabilitation Division. Applicants should at once apply for Form 2118, stating the title of the examination desired, to the Civil Service Commission, Washington, D. C., or the Secretary of the United States Civil Service Board, Customhouse in their district. Applications should be properly executed, excluding the medical certificate, and must be filed with the Civil Service Commission, Washington, D. C., with the material required without delay.

NATIONAL RESEARCH COUNCIL CHAIRMEN.—The National Research Council, with headquarters at Washington, announces the election of the following chairmen of its various divisions for the year beginning July 1, 1920: Division of Foreign Relations, George E. Hale, Director, Mt. Wilson Observatory, Carnegie Institution of Washington; Government Division, Charles D. Walcott, Secretary of the Smithsonian Institution, and President of the National Academy of Sciences; Division of State Relations, John C. Merriam, Professor of Palaeontology, University of California and President-elect of the Carnegie Institution of Washington; Division of Educational Relations, Vernon Kellogg, Professor of Entomology, Stanford University and Permanent Secretary of the National Research Council; Division of Industrial Relations, Harrison E. Howe; Research Information Service, Robert M.

Yerkes; Division of Physical Sciences, Augustus Trowbridge, Professor of Physics, Princeton University; Division of Engineering, Comfort A. Adams, Lawrence Professor of Engineering, Harvard University; Division of Chemistry and Chemical Technology, Frederick G. Cottrell, Director of the Bureau of Mines; Division of Geology and Geography, E. B. Mathews, Professor of Minerology and Petrography, Johns Hopkins University; Division of Medical Sciences, George W. McCoy, Director of the U. S. Hygiene Laboratory since 1915; Division of Biology and Agriculture, C. E. McClung, Professor of Zoology, University of Pennsylvania; and Division of Anthropology and Psychology, Clark Wissler, Curator of Anthropology, American Museum of Natural History, New York.

LEATHER SUBSTITUTES CAUSE ECZEMA EPIDEMIC.—An epidemic of eczema and similar skin diseases has been discovered in Germany as a result of use of substitutes for leather in the perspiration band in hats. Oil cloth and other similar products have been used since leather became so scarce, and the results have been distressing.

BETTER CONDITIONS FOR CHILDREN.—In a pamphlet issued by the Children's Bureau of the United States Department of Labor is described a striking development in the movement to obtain better conditions for children. Ohio nine years ago appointed the first commission to study conditions surrounding children in the state, and to regulate and revise laws relating to its children. Since that time, sixteen other states and the District of Columbia have appointed similar commissions, and in almost two thirds of the states some definite action toward state legislation as it affects children has been taken. A carefully planned educational campaign, to safeguard the health, school attendance, regulation of employment, methods of dealing with delinquents and other important features has been carried on in almost all of these states.

AMERICAN HOSPITAL ASSOCIATION TO MEET.—On October 4-8 the American Hospital Association will hold its twenty-second annual conference in Montreal. Each of the sections has a special program, and the discussion will embrace hospital conditions existing in large and small hospitals. Through the cooperation of the Division of Venereal Diseases of the U. S. Public Health Service a model venereal disease clinic will be held. Arrangements for hotel accommodations may be made through Mr. H. E. Webster,

chairman of the local committee, Royal Victoria Hospital, Montreal. Communications for general information should be addressed to Dr. A. H. Warner, executive secretary of the association, 22 East Ontario Street, Chicago.

Texas Public Health Association Activities.—This association in a pamphlet distributed in all parts of the state recommends a thorough yearly physical examination for every person in the state, as an aid in the prevention and cure of tuberculosis. The pamphlet also tells the symptoms suggesting tuberculosis and the means of its prevention. The association during the year distributeed 1,000,000 pieces of literature in its campaign to educate the people on this subject.

Red Cross Membership.—Reports show that the United States leads the world in Red Cross members with more than 10,000,000 adults enrolled; Japan comes second with 1,900,000 members; Italy, third, with 300,000 and France, fourth, with 250,000 members. Membership figures for England, Canada and Australia were not available.

Award of Florence Nightingale Medal.—Miss Margaret Clotilde Macdonald, matron-in-chief of the Canadian Expeditionary Forces during the world war has been awarded the Florence Nightingale Medal. This is an international decoration which is awarded only to women whose work in the cause of humanity has been of paramount importance.

Increase in Birth Rate.—According to statistics of the New York health department, the birth rate for the first seven months of this year is 22.34, as compared with 21.90 for the corresponding period in 1919. The infant mortality rate for the same period has declined from 92 in 1919 to 83 during the present year.

Red Cross Will Establish Public Health Chair.— A chair of public health will be endowed by the Provincial Red Cross of Canada in the University of British Columbia, the Red Cross paying the salary of the professor for three years.

Meeting Southwestern Medical Association.—The fifteenth annual meeting of this association will be held at Wichita, Kans.,

November 22-24, under the presidency of Dr. E. E. Day, of Arkansas City, Kans. The association is composed of the states of Missouri, Kansas, Oklahoma, Arkansas and Texas.

ALL-AMERICAN HEALTH CONFERENCE.—On December 6-13 the first of a series of regional health conferences authorized by the International Health Conference will be held in Washington, D. C. It will be devoted to the consideration of venereal diseases. It is being organized under the combined auspices of the United States Interdepartmental Social Hygiene Board, the United States Public Health Service, the American Red Cross and the American Social Hygiene Association. There will be in attendance prominent health officers and sociologists from all parts of the North and South America. The conference will be under the presidency of Prof. Wm. H. Welch of Johns Hopkins University.

FORMER BASE HOSPITAL BURNED.—On September 2, twenty buildings of the former United States Base Hospital No. 1, now abandoned, in the Bronx were destroyed by fire. The amount of damage is estimated at $20,000.

TYPHUS MENACE.—A plan to raise $75,000,000, either by Congress or through private subscriptions, to send physicians and workers from the United States to join representatives of other countries in the fight against the world menace of typhus fever, will be laid before the Government by Dr. Harry Platz recently returned from Poland, where he has been maknig a study of conditions for the Joint Distribution Committee.

ANNIVERSARY OF CANTON HOSPITAL.—The eighty-fifth anniversary of the Canton Hospital, Canton, China, founded in 1835, will be celebrated this year. This is the oldest and one of the largest hospitals in the Orient, and is also the first missionary hospital in the world still in existence. More than two million patients have been treated in the hospital and its dispensaries during the 85 years of its existence. Modern medical education was introduced into China at this hospital. It is an international institution.

JOHN B. MURPHY MEMORIAL.—Plans are under consideration to erect a memorial to the late John B. Murphy, of Chicago. It will be in the form of the John B. Murphy Memorial Hall of the Ameri-

can College of Surgeons, and will be erected in Chicago at an estimated cost of $500,000. It is proposed to have the building serve as a meeting place for medical societies, and to maintain there a pantheon of American medicine and surgery. Subscriptions to raise the amount are being undertaken by the John B. Murphy Memorial Association. One hundred thousand dollars have been pledged, provided the balance of the sum is raised.

Dr. Biggs Honored.—Harvard University has conferred the honorary degree of Doctor of Science upon Dr. Herman M. Biggs, health commissioner of New York State.

Gift to American Surgeons.—Word has been received from London that the American College of Surgeons (which includes Canada) will soon be honored by a gift to be presented by British surgeons. It is intended as a remembrance of the work done in cooperation during the war, by British and American surgeons. It will be in the form of a silver gilt mace, the work of Mr. Omar Ramsden, and was suggested by Sir Berkeley Moynihan, working in connection with Sir Anthony Bowlby and Sir D'Arcy Power. The design includes maple leaves and American eagles, the badges of the British and American Army Medical Corps, the serpents of Esculapius, and the name of Philip Syng Physick (1768-1837) is introduced. The inscription reads: "From the consulting surgeons of the British Armies to the American College of Surgeons in memory of mutual work and good fellowship in the Great War."

State Sells Lepers' Home.—The sale of the Louisiana leprosarium located at Carrville, La., to the U. S. Government, has been authorized by the state legislature; it will be used as a national leprosarium. The price paid was $35,000. By the terms of the sale, the lepers, now inmates of the institution, are taken over by the U. S. Public Health Service.

Brazil Presents Hospital to France.—The chamber deputies of Brazil recently voted an appropriation of 1,133,000 francs for the Brazilian Hospital at Paris to equip it to serve as a surgical service for the medical faculty.

Meeting American Child Hygiene Association.—The meeting of this association will take place in St. Louis, October 11-13.

"is."

This will be the first meeting of this association held in the Southwest, and will be of great value to physicians interested in obstetrics, pediatrics and public health.

SOUTHERN MEDICAL ASSOCIATION MEETING.—The annual meeting of this association will be held in Louisville, Ky., November 15-18. It is being planned to make the coming meeting the largest in the history of the association, and the officers advise that hotel reservations should be made early, in order that all may be accommodated.

NEW YORK CITY TAKES STRAUSS MILK STATION.—Health Commissioner Royal S. Coupland of New York City on Sept. 1, formally accepted in behalf of the city the Nathan Strauss milk stations and laboratory, which this philanthropist has maintained since 1892, and which was recently presented to the city with the proviso that it assume the responsibility of maintaining them.

MEETING OF ANESTHETISTS.—The National Anesthesia Research Society will hold its first annual meeting in Pittsburgh, October 4 to 8. The meeting will be in conjunction with the Interstate Anesthetists' Society, the Western Pennsylvania Odontological Society and the Medical Society of the State of Pennsylvania. Headquarters will be at the William Penn Hotel. Prizes aggregating $200 for the best papers on anesthesia will be awarded.

THE AMERICAN RELIEF COMMITTEE for sufferers in Austria-261 Madison Avenue, New York, of which Hon. Frederic Courtland Penfield, late American Ambasador to Austria-Hungary is Honorary Chairman, has created a special fund for the relief of destitute Viennese physicians and surgeons. Contributions may be made to Alvin W. Krech, President, Equitable Trust Company 37 Wall Street, New York City, Treasurer of the Committee.

THE SIXTH CONGRESS OF FRENCH-SPEAKING PHYSICIANS of North America was held at Quebec on September 9, 10 and 11 under the presidency of Dr. Arthur Rousseau. The topics discussed at the general sessions were: the nephrites, venereal diseases, the treatment of wounds and accidents of labor.

Receptions were tendered by the Lieutenant Governor, Laval

University, and the president of the Congress. Clinics were held at the various hospitals. A dinner was given at the Chateau Frontenac on the second evening and on the last evening at 8 o'clock there was an excursion to the Ile d'Orleans.

Red Cross to Send Few Nurses Overseas.—From now on, the the Red Cross will send abroad only very few specially trained nurses with unusually high qualifications. The number of American Red Cross nurses in France and Italy is constantly decreasing. Poland is reporting as the only country to which additional nurses are being sent. Miss Alice Fitzgerald, recently appointed chief to the League of Red Cross Societies, gave the number of nurses in Europe on November 1st as follows: France, 30; Italy,7; Palestine,7; (approximately); Near East, 60; Balkans, 61; Russia proper, 2; Siberia, 139 to 160; Poland, 10; Greece and Serbia, 6; Persia,1.

The Rockefeller Foundation.—In co-operation with governments in many parts of the British Empire, has recognized the importance of aiding medical education in London and has selected the University College and Hospital School for its beneficence. It will provide an endowment to produce an annual income of 30,000 pounds towards an increased expenditure of 50,000 pounds for a new staff in anatomy, an increase in the staff of physicians and various other items throughout the institution. The building program will include an Institute of Anatomy, work upon which will be begun in a few months and be completed in 1923.

Yellow Fever Decreasing.— Recent reports from Vera Cruz show a decline in the number of yellow fever cases in that city. Surgeon Carl Michel, U. S. Public Health Service is in charge of the sanitary work, which is being carried out on a large scale and shows gratifying results. Dr. Hydeo Noguchi, of the Rockefeller Foundation, has left Mexico City for Vera Cruz, where he will aid in stamping out the epidemic.

Neuro-Psychiatrists Organize.—The Neuro-Psychiatric Association of Ontario, Canada, has been organized, and elected the following officers: president, Dr. Edward Ryan, Kingston; vice-president, Dr. Harry Clare, Toronto; secretary-treasurer, Dr. C. Crawford, Whitby. The association will extend its work to the

study of defective children, social welfare, care in the selection of immigrants, problems concerning the feebleminded, psychoses and neuro-psychoses.

PLAGUE AT GALVESTON.—Surgeons of the United States Public Health Service report the eighth case of bubonic plague, with another case under observation.

DEATH OF PROFESSOR GUYON.—News has been received of the recent death of Professor Jean Casimir Felix Guyon, professor of genito-urinary surgery at the Hospital Necker, Paris, and for many years editor, in connection with Lancereaux of *Annales des Maladies des Organes Genito-Urinaires.* He was a member of the Institute and of the Academy of Medicine.

PHYSICAL EDUCATION IN FRANCE.—The French Senate has passed a bill providing for compulsory physical education of children. Training will begin at the age of six and continue until their military training period.

PERSONALS.—The following doctors have returned from their vacations and resumed practice: George Tusson, W. F. Pettit, Geo. K. Pratt, Jr., I. I. Lemann, Louis J. Dubos, J. M. Batchelor, Arthur L. Whitmire, Isadore Cohn, J. A. Danna, A. S. Yenni, A. Granger, T. W. Kirn, C. L. Eshleman, P. L. Querens, H. W. Kostmayer, E. P. Lowe, P. C. DeVerges, T. J. Dimitry, D. F. Waide, E. Chas. Thornhill, R. B. Harrison, D. L. Watson, H. S. Cocram, F. M. Johns, C. Grenes Cole, H. N. Blum, W. Scheppegrell, P. Graffagnino, Allen Eustis, Chas. Chassaignac.

Dr. G. A. Thomas, of New Orleans has returned from service in the U. S. Army.

Dr. Isadore Dyer is spending a few weeks vacation in French Lick Springs, Indiana.

Dr. Homer Dupuy, President of the Louisiana State Medical Society, who has been off on an extended vacation, has returned to the City and resumed his practice.

Dr. Alex. Craig, Secretary of the American Medical Association, is now recovering from a recent operation successfully per-

formed, and will very shortly return to his office in Chicago, Ill., to resume the arduous duties, pertaining thereto.

REMOVAL.—Dr. Felix A. Larue, from 1631 Constantinople St., to 922 Esplanade Avenue, New Orleans.

DIED.—On September 8, Dr. J. J. D'Aquin, of New Orleans, aged 48 years.

On September 10, Dr. Geo. Huhner, of New Orleans, aged 71 years.

BOOK REVIEWS AND NOTICES

All new publications sent to the JOURNAL *will be appreciated and will invariably be promptly acknowledged under the heading of "Publications Received." While it will be the aim of the* JOURNAL *to review as many of the works accepted as possible, the editors will be guided by the space available and the merit of respective publications. The acceptance of a book implies no obligation to review.*

A Text-book of Physiology, by Russell Burton-Opitz, S. M., M. D., Ph. D. **Practical Physiology,** by Russell Burton-Opitz, S. M., M. D., Ph. D., W. B. Saunders Company, Philadelphia and London.

The first is a text on physiology, largely illustrated, containing 1185 pages embodying in part the subject matter of a series of lectures delivered by the author to the students of the College of Physicians and Surgeons of Columbia University. Principles of Physics and Chemistry that are directly related to the subject matter of Physiology are briefly reviewed, and reference is made to comparative Physiology and Histology where necessary for elucidation of principles. The companion volume "Practical Physiology" by the same author is a laboratory guide consisting of fifty lessons, each lesson intended for one laboratory period of three hours. Beginning with simple experiments, the practical course is graded up to the more complicated procedures and a list of experiments to be demonstrated to students is furnished. Both the text-books and the laboratory guide will find a place in Physiological laboratories and serve both teachers and students of Physiology. The excellence of the text-book will recommend it also to the practicing physician who wishes to keep abreast of the advances made in physiology. RALPH HOPKINS.

A Text-book of Urology, by Victor Cox Pedersen, A. M. D. Lea and Febiger, Philadelphia.

This is a complete work on urology in "men, women and children." It includes all urinary and sexual infections, with their sequels and result, but does not deal with syphilis or chancroid; in other words it deals only with what the title of the book would lead us to expect.

Dr. Pedersen has had a vast experience and tells us, in addition, that the actual production of the volume has required four years of effort. Those two facts are sufficient to contribute large value to the book. It contains much of original matter and that which is compiled is well selected. An analogous comment would apply to the illustrations.

All told, we believe the author's desire to produce "a serviceable and accurate book" has been fulfilled. C. C.

Principles of Human Physiology, by Ernest H. Starling, C. M. G., F. R. S., M. D., Hon. Sc. D. (Cambridge and Dublin), F. R. C. P., Third Edition, Lea and Febiger, Philadelphia.

The third edition of "Principles of Human Physiology" by Ernest H. Starling is a comprehensive text-book on this subject. The text of 1315 pages is arranged in four books dealing with (1) general physiology, (2) mechanisms of movements and sensation, (3) mechanisms of nutrition, and (4) reproduction. The great part of the text is devoted to discussion and elucidation of principles. Descriptions of experimental procedures is mostly limited to accounts of one or two typical methods. The section on Sense Organs has been revised, and that on vision has been entirely rewritten. The volume contains 579 illustrations, 10 of which are in color. Features of the work are clearness of style and excellence of arrangement of material. Suited to the needs of advanced students of physiology and practitioners of medicine, the presentation of the subject is intended to emphasize the importance of thorough understanding of the workings of the healthy body. "Principles of Human Physiology" ranks easily among the best texts in this subject. RALPH HOPKINS.

Arteriosclerosis and Hypertension with Chapters on Blood Pressure, by Louis M. Warfield, A. B., M. D., 3rd Edition. C. V. Mosby Company.

This book is a conservative and reliable guide to what is known about arteriosclerosis. As the author points out in the preface to this new edition, not a great deal has been added to our knowledge of arterial degeneration in spite of the considerable experimentation and writing on the subject. He has no new material to present nor new theory to defend. Very justly he insists that the proper treatment is that of the individual patient, not of the disease or of the stage of the disease. The practical suggestions are concrete, definite and helpful. Above all to be commended is the freedom from hobbies. I. I. LEMANN.

The Medical Clinics of North America. W. B. Saunders Company, Vol. 3, No. 5, Philadelphia Number, March, 1920. Number 6, Chicago Number, May, 1920.

These issues maintain the usual standard of excellence of this publication. It is striking how many papers are devoted to the discussion of diseases of the gall-bladder and the biliary passages and of other conditions simulating these diseases. Particularly interesting and timely are the lectures of Drs. Martin E. Rehfuss, B. B. Vincent Lyon and Arthur H. Hopkins on the newer methods of diagnosis and non-surgical treatment of gall-bladder disease. I. I. LEMANN.

Diseases of the Chest and the Principles of Physical Diagnosis, by George William Norris, A. B., M. D., and Henry L. M. Landes, A. B., M. D., with a chapter on the Electrocardiograph in Heart Disease, by Edward B. Krumbhaar, Ph. D., M. D. W. B. Saunders, 1920.

The same cordial welcome awaits the second edition of this excellent text-book as was accorded the first edition. Nothing but what is commendatory can be said of it. The text is carefully done and the methods recommended sound. The illustrations and especially those of frozen sections, are illuminative and helpful. The new material added includes a comprehensive and instructive description of the recent influenza epidemic. I. I. LEMANN.

PUBLICATIONS RECEIVED

C. V. MOSBY, St. Louis, 1920.

Exophthalmic Goiter and its Nonsurgical Treatment, by Isreal Bram, M. D.

The fundamentals of Human Anatomy, by Marsh Pitzman, A. B., M. D.

Hygiene, Dental and General, by Clair Elsmore Turner.

PAUL B. HOEBER, New York City, 1919.

The Theory and Practice of Massage, by Beatrice M. Goodall-Copestake.

Autoerotic Phenomena in Adolescence, by K. Menzies.

The Diagnosis and Treatment of Heart Disease, by E. M. Brockbank, M. D. (Vict.) F. R. C. P.

W. B. SAUNDERS COMPANY, Philadelphia and London, 1920.

An Epitome of Hydrotherapy, by Simon Baruch, M. D., LL.D.

Medical Clinics of North America, Vol. 4, No.1, July 1920.

THE MACMILLAN COMPANY, New York, 1920.

The American Red Cross in the Great War, by Henry P. Davison.

WASHINGTON GOVERNMENT PRINTING OFFICE, Washington, D. C., 1920.

U. S. Department of Agriculture, Service and regulatory Announcements. Supplement. Notices of Judgment Under the Food and Drugs Act. July 24 and 30.

Public Health Reports, Volume 35, Nos. 31, 32, 33, 34.

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MORTUARY REPORT OF NEW ORLEANS.

Computed from the Monthly Report of the Board of Health of the City of New Orleans, for August, 1920.

CAUSE.	White.	Colored.	Total.
Typhoid Fever	4		4
Intermittent Fever (Malarial Cachexia)			
Smallpox	1		1
Measles			
Scarlet Fever	2		2
Whooping Cough	4		4
Diphtheria and Croup			
Influenza			
Cholera Nostras			
Pyemia and Septicemia			
Tuberculosis	37	28	65
Cancer	29	3	32
Rheumatism and Gout		1	1
Diabetes	3		3
Alcoholism			
Encephalitis and Meningitis	3	1	4
Locomotor Ataxia			
Congestion, Hemorrhage and Softening of Brain	26	11	37
Paralysis	4	1	5
Convulsions of Infancy	1		1
Other Diseases of Infancy	16	6	22
Tetanus	1	1	2
Other Nervous Diseases	7		7
Heart Diseases	39	24	63
Bronchitis	1		1
Pneumonia and Broncho-Pneumonia	10	9	19
Other Respiratory Diseases	3	2	5
Ulcer of Stomach		1	1
Other Diseases of the Stomach	2	1	3
Diarrhea, Dysentery and Enteritis	19	12	31
Hernia, Intestinal Obstruction	7	2	9
Cirrhosis of Liver	9	1	10
Other Diseases of the Liver	3	2	5
Simple Peritonitis			
Appendicitis	2	2	4
Bright's Disease	10	4	14
Other Genito-Urinary Diseases	9	16	25
Puerperal Diseases	3	1	4
Senile Debility	1		1
Suicide	4		4
Injuries	23	13	36
All Other Causes	29	27	56
TOTAL	312	169	481

Still-born Children—White, 17; colored, 34; total, 51.

Population of City (estimated)—White, 290,000; colored, 110,000; total, 400,000.

Death Rate per 1000 per annum for Month—White, 12.91; colored, 18.44; total, 14.43. Non-residents excluded, 12.30.

METEOROLOGIC SUMMARY (U. S. Weather Bureau).

Mean atmospheric pressure 30.01
Mean temperature 81
Total precipitation ..... 4.18 inches
Prevailing direction of wind, southwest.

DR. ISADORE DYER